



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E363805**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	<b>14-2468</b>
LOCAL AGENCY CODING	<b>0664</b>
TOTAL # OF UNITS	<b>02</b>
OBJECT STRUCK	

DATE OF COLLISION	<b>10</b>	<b>05</b>	<b>2014</b>	TIME (2400)	<b>1657</b>	COUNTY #	<b>31</b>	MILES	<b>N</b>	<b>E</b>	IN	<b>OF</b>	<b>0664</b>
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

**13 PL SE** BLOCK NO. ☒ **9318**

MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET)

☐ FEET ☐ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME **UNK** FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

GDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **U** D.O.B. **MMDDYYYY** ☐

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # ☐ STATE ☐ VIN# ☐

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR ☐ MAKE **UNKN** MODEL **UNKNO** STYLE ☐ VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. ☐

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **UNKNOWN** FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

GDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **U** D.O.B. **MMDDYYYY** ☐

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **ARH0841** STATE **WA** VIN# **4T1BB46K77U027424**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2007** MAKE **TOYT** MODEL **CAM4D** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **BRIAN SETTERS 9318 13TH PL SE LAKE STEVENS WA 98258 D: 4258794108 N: 7747766586**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **LIBERTY MUTUAL A02-268-026954-40 44**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐

OFFICER'S NAME (PRINT) **KERRY BERNHARD** BADGE OR ID # **120** AGENCY **WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E363805**

CASE # **14-2468**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NARRATIVE

On 10/5/2014 at approximately 1657 hours, the owner of Unit 2 called 911 to report an unknown person/vehicle struck his parked vehicle and left the scene without providing necessary information as required by law. The vehicle owner stated he had been to multiple locations throughout the day and was unsure as to exactly where the collision occurred. He had noticed the damage once he returned home.

\*\*\*\* AUTO-POPULATED SECTION \*\*\*\*

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: UNKNOWN

\*\*\*\* END OF AUTO-POPULATED SECTION \*\*\*\*

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**KERRY BERNHARD**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**10-09-14 02:11 PM**

DATED

PLACE SIGNED

APPROVED BY

**BOB SUMMERS 079**

DATE

**10/11/2014 8:20:04 PM**

BADGE OR ID # **120**

ORI # **WA0311900**

TIME POLICE DISPATCHED **4:57 PM**

TIME POLICE ARRIVED **5:08 PM**

**NOT OBSERVED**

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02468

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) SETTERS BRIAN KIEH	RACE W	ETH	SEX M	DOB 4/11/55	AGE 59	HGT 5'8"	WGT 275	HAIR BR	EYES BL
STREET ADDRESS 9318 13TH PL S.E		CITY LAKE STEVENS		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 774 776 6586		CELL PHONE 425 879 4108		PLACE OF EMPLOYMENT RETIRED						
WORK PHONE		EMAIL ADDRESS								

I, BRIAN SETTERS, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

AFTER RETURNING FROM CHURCH SAW  
DAMAGE TO LEFT FRONT BUMPER. HIT & RUN.  
ACCIDENT UNKNOWN. UNAWARE OF WHERE IT  
HAPPENED.

**LSPD  
ORIGINAL**

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Brian K. Setters</u>	DATE SIGNED <u>10/5/14</u>	LOCATION SIGNED
OFFICER/NUMBER: <u>K. BERNHARD #170</u>	DATE SIGNED <u>10-5-14</u>	LOCATION SIGNED <u>LAKE STEVENS WA</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>R. BROWN RD #120</i>	Case Number <i>14-02468</i>
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>HAR / UNATTEND</i>	Date/Time: <i>10-9-14 145</i>
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfg will be held for 60 days or 60 days past owner notification	

Case # 14-02468

Item # <i>106-1</i>	Item <i>PHOTO CD</i> Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found		
Action # <i>3</i>	Owner's Name Address City State Zip Phone #			Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#120</i>				
Item #	Item Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found		
Action #	Owner's Name Address City State Zip Phone #			Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions				
Item #	Item Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found		
Action #	Owner's Name Address City State Zip Phone #			Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions				
Item #	Item Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found		
Action #	Owner's Name Address City State Zip Phone #			Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions				
Item #	Item Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found		
Action #	Owner's Name Address City State Zip Phone #			Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions				

LSPD ORIGINAL

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Case Number	Date	Time	Officer	Vehicle
Received	10/05/14	16:57:20	BY SPCT09	SP0297
Entered	10/05/14	16:58:32	BY SPCT09	SP0297
Dispatched	10/05/14	17:04:34	BY SPDF17	SP0326
Enroute	10/05/14	17:04:34		
Onscene	10/05/14	17:08:14		
Closed	10/05/14	17:24:52		

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-3 Group: SS1 Beat: SOUT

Src: 9

Loc: 9318 13 PL SE , LKS btwn 92 AV SE & 94 DR SE (V)

Latitude: (+) 47.983947    Longitude: (-) 122.106171

Loc Info:

Name: BRIAN SETTERS

Addr:

Phone: 7747766586

[illegible]

**LSPD**  
**ORIGINAL**